U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3068	2. Fiscal Year Covered From:
	01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name MARIL WEISS	Name Allied Pilots Association
4 PADDOCK CT	Labor Organization File Number 059-849
Potomac, mb 20854	033-043
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street	Street 14600 Trinity Blvd., Suite 500
City	Giy Fort Worth
State ZIP Code + 4	State TX ZIP Code + 4 76155-2512
5. Position in labor organization. Deputy Chareman Security Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the excl	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
	7.b. Amount.
Street	
City	·
State ZIP Code + 4	
Sig	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the
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B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activated (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Trade Name, if any:	a. Labor Organization		
P.O. Box, Bidg., Room No., if any	b. Trust		
Street City	-		
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			

(ind Name Trade N	me and address of Employer or Lacuding trade name, if any). American Airlines, in any: Name, If any: Ox., Bldg., Room No., if any 4333 Amon Carter Bl Fort Worth TX	Inc.		Positive space travel pass for union business.
40	the Business an Employer X	or Consultant	?	14.b. Amount of payment.

12.b. Amount.